

OFFICE OF THE STATE CONTROLLER  
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2003-17  
EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS  
AND  
COMPREHENSIVE SCHOOL SAFETY PLANS  
OCTOBER 6, 2003  
**(For fiscal years 2003-04 and beyond, including estimated claims)**

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Emergency Procedures, Earthquake Procedures, and Disasters and the Comprehensive School Safety Plans (EPCP) program. These claiming instructions are issued subsequent to the adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

On July 23, 1987, the COSM, determined that Education Code Sections 35295, 35296, 35297, 40041.5, and 40042 as added or amended by Chapter 1659, Statutes of 1984, established costs mandated by the State according to the provisions listed in the P's & G's.

On July 30, 2002, the COSM approved amendments to the statement of decision adopted on August 23, 2001, for Comprehensive School Safety Plans. The COSM determined that Education Code Sections 35294.1, 35294.2, 39294.6, and 35294.8 constitute a new program or higher level of service and imposes costs mandated by the State within the meaning of Article XIII B, Section 6 of the California Constitution and Government Code Section 17514.

On July 31, 2003, the COSM adopted the combined P's and G's for Emergency Procedures, Earthquake Procedures, and Disasters and Comprehensive School Safety Plans. For your reference, the P's and G's are included as an integral part of the claiming instructions.

### **Eligible Claimants**

Any "school district," as defined in GC §17519, except for community colleges, which incurs increased costs as a direct result of this mandate, is eligible to claim reimbursement.

### **Filing Deadlines**

#### **Initial Claims**

Reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred in implementing the provisions of this combined program are reimbursable for the fiscal year 2003-04 and beyond, including estimated claims and must be filed with the SCO and be delivered or postmarked on or before **February 3, 2004**. Claims filed after the deadline will be reduced by a late penalty of 10%.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline will not be accepted.**

### **Minimum Claim Cost**

GC Section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (\$1,000), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds \$1,000, even if the individual school district's claim does not each exceed \$1,000. The county superintendent of schools shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each school district. These combined claims may be filed only when the county superintendent of schools is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to the SCO at least 180 days prior to the deadline for filing the claim.

### **Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure Section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

### **Audit of Costs**

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC §17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district is subject to audit by the State Controller no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or

no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

### **Retention of Claiming Instructions**

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at [www.sco.ca.gov/ard/local/locreim/index.shtml](http://www.sco.ca.gov/ard/local/locreim/index.shtml).

### **Address for Filing Claims**

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

## **CONSOLIDATED PARAMETERS AND GUIDELINES**

Statutes 1984, Chapter 1659  
Education Code Sections 35295, 35296, 35297, 40041.5 and 40042  
*Emergency Procedures, Earthquake Procedures, and Disasters*  
AND

Statutes 1997, Chapter 736  
Statutes 1999, Chapter 996  
Education Code Sections 35294.1, 35294.2, 35294.6, and 35294.8

### *Comprehensive School Safety Plans*

Consolidated Parameters and Guidelines for Reimbursement Claims filed Beginning  
with the 2003-2004 Fiscal Year

#### **I. SUMMARY OF THE MANDATE**

##### Emergency Procedures, Earthquake Procedures, and Disasters

Statutes 1984, chapter 1659 added Article 10.5 (sections 35295, 35296, and 35297) to Chapter 2 of part 21 of the Education Code which requires the governing body of each school district or private school and the county superintendent of schools of each county to establish an earthquake emergency procedure system in each school building under its jurisdiction.

Statutes 1984, chapter 1659 added section 40041.5 to the Education Code and amended section 40042 of the Education Code to require that the governing board of any school district shall grant the use of school buildings, grounds and equipment to public agencies, "including the American Red Cross," for mass care and welfare shelters during disasters or other emergencies affecting the public health and welfare, and eliminated the authority of the school districts to recover direct costs from the public agencies for the use of school facilities during local emergencies.

On July 23, 1987, the Commission on State Mandates (Commission) found that Education Code sections 35295, 35296, and 35297 constitute a reimbursable state-mandated program upon school districts and county offices of education within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

##### Comprehensive School Safety Plans

The test claim legislation (Statutes 1997, chapter 736 and Statutes 1999, chapter 996) enacted the *Comprehensive School Safety Plans* program that requires each school district and county office of education to develop and adopt comprehensive school safety plans that are relevant to the safety needs of each school.

Adopted: July 31, 2003  
Corrected: September 29, 2003

On July 30, 2002, the Commission approved amendments to the statement of decision adopted on August 23, 2001, for “*Comprehensive School Safety Plans*” (99-TC-10 amended by 98-TC-01). The Commission found that Education Code sections 35294.1, 35294.2, 39294.6, and 35294.8 constitute a reimbursable new program or higher level of service and imposes costs mandated by the state within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

## **II. ELIGIBLE CLAIMANTS**

Any “school district,” as defined in Government Code section 17519, except for community colleges, which incurs increased costs as a result of this mandate, is eligible to claim reimbursement.

## **III. PERIOD OF REIMBURSEMENT**

This consolidated set of parameters and guidelines is operative for reimbursement claims (including estimated claims) filed for fiscal years 2003-2004 and beyond.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years’ costs shall be submitted within 120 days of the issuance of the State Controller’s claiming instructions.

If total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## **IV. REIMBURSABLE ACTIVITIES**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual costs were incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, “I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct,” and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

Adopted: July 31, 2003  
Corrected: September 29, 2003

For each eligible school district and county office of education, the following activities are reimbursable:

A. Emergency Procedures, Earthquake Procedures, and Disasters

1. Earthquake Emergency Procedure System

a. One-Time Activities

- i. Developing and establishing a district earthquake emergency procedure system that shall include all of the following:
- ii. A school building disaster plan, ready for implementation at any time, for maintaining the safety and care of students and staffs.
- iii. A drop procedure.<sup>1</sup>
- iv. Protective measures to be taken before, during, and following an earthquake.
- v. A program to ensure that the students and that both the certificated and classified staff are aware of, and properly trained in, the earthquake emergency procedure system.

(Ed. Code, §35297.)

b. On-Going Activities

- i. Updating the district earthquake emergency procedure system as to those activities identified in 1.a. above, including the training program.
- ii. Employees reviewing the requirements of the Earthquake Emergency Procedure System program and attending training meetings to receive instruction.
- iii. Employees preparing to conduct training sessions. However, in-classroom teacher time spent on the instruction of students on the earthquake emergency procedure system is not reimbursable.

2. Mass Care And Welfare Shelters – Earthquake And Other Disasters

a. On-Going Activities

- i. Secure and supervise facilities for the purpose of opening and closing the facility or portions of the facilities and to provide security at the facility during the period of the emergency.

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<sup>1</sup> As used in this article, “drop procedure” means an activity whereby each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows. A drop procedure practice shall be held at least once each school quarter in elementary schools and at least once a semester in secondary schools. (Ed. Code, § 35297.)

Adopted: July 31, 2003

Corrected: September 29, 2003

- ii. Maintain and clean-up district facilities during the emergency or after for the purpose of making the facility ready for normal operation.
- iii. Utility cost incurred by the district directly related to the usage of district facilities for Mass Care and Welfare Shelters.

**B. Comprehensive School Safety Plans**

**1. One-Time Activities**

- a. Review Existing Plan
  - i. Review the safety plan in existence on December 31, 1997, to determine if it satisfies the requirements of Education Code section 35294.9.

**b. Comprehensive School Safety Plans**

Schools satisfying Education Code sections 35294.1, subdivision (d) (small school district if it develops a district-wide plan applicable to each school site) and/or 35294.9 (schools with pre-existing compliant plans) are exempt from activities b. i. – vi. Schools that are exempt may not seek reimbursement for these activities.

- i. Write and develop a comprehensive school safety plan relevant to the needs and resources of each school site (Ed. Code, §35294.1, subds. (a) & (b)).
- ii. Consult in writing with a law enforcement agency when writing and developing the plan (Ed. Code, § 34294.1, subd. (b)(3)).
- iii. Consult, cooperate and coordinate with other school sites, if practical, in developing a school safety plan (Ed. Code, § 35294.2, subd. (d)).
- iv. Assess the current status of school crime committed on school campuses and at school-related functions (Ed. Code, §35294.2, subd. (a)(1)).
- v. Identify appropriate strategies and programs that will provide or maintain a high level of school safety and address the school's procedures for complying with existing laws related to school safety (Ed. Code, §35294.2, subd (a)(2)). Any activities already reimbursed under *School Crimes Reporting II* (97-TC-03), shall not be reimbursed under *Comprehensive School Safety Plans*.
- vi. Develop and include procedures in the school safety plan for:
  - (a) Child abuse reporting procedures consistent with Article 2.5 (commencing with section 11164) of Title 1 of Part 4 of the Penal Code.
  - (b) Routine and emergency disaster procedures.

- (c) Policies pursuant to subdivision (d) of section 48915 (listing particular circumstances for expulsion) for pupils who have committed a listed act and other school-designated serious acts which could lead to suspension, expulsion, or mandatory expulsion recommendations, pursuant to Article 1 (commencing with section 48900) of Chapter 6 of Part 27, but only to the extent that these costs have not been claimed under *Suspensions, Expulsions, and Expulsion Appeals* (Statutes 1975, chapter 1253).
- (d) The definition of “gang-related apparel” if a school has adopted a dress code. The definition shall be limited to apparel that, if worn or displayed on a school campus, reasonably could be determined to threaten the health and safety of the school environment.
- (e) Procedures for safe ingress and egress of pupils, parents and school employees to and from school.
- (f) Procedures for a safe and orderly environment conducive to learning at the school.

(Ed. Code, §35294.2, subd. (a)(2).)

- vii. Integrate existing policies and procedures on sexual harassment, emergency disasters, dress code, notification to teachers of dangerous pupils, and school discipline into the school safety plan.

c. Adoption of the Initial Plan

- i. Before adopting its comprehensive school safety plan, the schoolsite council or school safety planning committee holding a public meeting at the school site to allow members of the public the opportunity to express an opinion about the school safety plan (Ed. Code, §35294.8, subd. (b)). Any activities already reimbursed under the *Open Meetings Act* (Statutes 1986, chapter 641) shall not be reimbursed under *Comprehensive School Safety Plans*.
- ii. Adoption by the school of a comprehensive school safety plan by March 1, 2000. (Ed. Code, §35294.6, subd. (a)).<sup>2</sup>
- iii. In order to ensure compliance with this article, submission by each school of its comprehensive school safety plan to the school district or county office of education for approval (Ed. Code, §35294.2, subd. (f) and §35294.8, subd. (a)).

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<sup>2</sup> This statute was amended by Statutes 2002, chapter 91 to require schools that begin offering classes after March 1, 2001, to adopt comprehensive school safety plans within one year of initiating operation of the school, and to update their plans annually by March 1. This amendment is the subject of a new test claim *Comprehensive School Safety Plans II* (02-TC-35), filed on June 23, 2003.



## 2. On-Going Activities

### a. Update the Plan

- i. No less than once per year, evaluate and amend, as needed, the comprehensive school safety plan by the school safety planning committee to ensure the plan is properly implemented (Ed. Code, §35294.2, subd. (e)).
- ii. On or before March 1 of each year, review and update of the plan (Ed. Code, §35294.6, subd. (a)).
- iii. Consult, cooperate and coordinate with other school sites, *if practical*, in updating the safety plan (Ed. Code, §35294.2, subd. (d)).
- ~~iv.ii~~ Beginning in July 2000, and on or before July 1 of each year, each school shall include the status of their safety plan, including a description of its key elements, in the annual school accountability report card (Ed. Code, §35294.6, subd. (b)). Any activities already reimbursed under the *School Accountability Report Cards* program (Statutes 1989, chapter 1463) shall not be reimbursed under *Comprehensive School Safety Plans*.
- ~~v.iii~~ Submit the updated plan to the school district or county office of education (Ed. Code, §35294.2, subd. (f) and §35294.8, subd. (c)).
- ~~vi.iv~~ On or before October 15 of each year school districts and county offices of education shall report to the State Department of Education any schools that have not complied with the requirement to write and develop a safety plan (Ed. Code, §35294.8, subd. (c)).
- ~~vii.v~~ Each school district shall make available an updated file of all safety-related plans and materials for public inspection (Ed. Code, §35294.2, subd. (e)).

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

### A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities.

Direct costs that are eligible for reimbursement are:

#### 1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services. The cost of contracting with consultants to develop the school safety plans is not eligible for reimbursement.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price necessary to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

6. Training

a. Emergency Procedures, Earthquake Procedures, and Disasters

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A 1, Salaries and Benefits, and A 2, Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element A 3, Contracted Services.

Provide the title, subject, and purpose (related to the mandate of the training session), dates attended and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A.1, Salaries and Benefits, and A.2, Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element A. 3, Contracted Services.

b. Comprehensive School Safety Plans

Training is not eligible for reimbursement under this program.

B. Indirect Cost Rates

Indirect costs are costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been claimed as a direct cost.

Indirect costs include: (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs, and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

School districts must use the J-380 (or subsequent replacement) nonrestrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) nonrestrictive indirect cost rate provisionally approved by the California Department of Education.

## **VI. RECORD RETENTION**

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter\* is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

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\* This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

## **VII. OFFSETTING SAVINGS AND REIMBURSEMENTS**

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds and other state funds shall be identified and deducted from this claim. Any grants received under the *Safe School Plans for New Schools Grant* Program shall be identified and deducted from this claim.

## **VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS**

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## **IX. REMEDIES BEFORE THE COMMISSION**

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS AND COMPREHENSIVE SCHOOL SAFETY PLANS			For State Controller Use Only		Program <b>225</b>
(01) Claimant Identification Number			(19) Program Number 00225		
(02) Claimant Name			(20) Date Filed ____/____/____		
County of Location			(21) LRS Input ____/____/____		
Street Address or P.O. Box Suite					
City State Zip Code			(22) EPCP-1, (03)(A1)(a)(i - v)(f)		
			(23) EPCP-1, (03)(A1)(b)(i - iii)(f)		
			(24) EPCP-1, (03)(A2)(i - iii)(f)		
			(25) EPCP-1.1, (03)(B1)(a)(i)(f)		
			(26) EPCP-1.1, (03)(B1)(b)(i - vii)(f)		
			(27) EPCP-1.1, (03)(B1)(c)(i - iii)(f)		
			(28) EPCP-1.1, (03)(B2)(i - vii)(f)		
			(29) EPCP-1, (07)		
Type of Claim			Estimated Claim		Reimbursement Claim
(03) Estimated <input type="checkbox"/>			(09) Reimbursement <input type="checkbox"/>		
(04) Combined <input type="checkbox"/>			(10) Combined <input type="checkbox"/>		
(05) Amended <input type="checkbox"/>			(11) Amended <input type="checkbox"/>		
Fiscal Year of Cost			(06) 20____/20____		(12) 20____/20____
Total Claimed Amount			(07)		(13)
Less: 10% Late Penalty			(14)		(30) EPCP-1, (10)
Less: Prior Claim Payment Received			(15)		(31) EPCP-1, (11)
Net Claimed Amount			(16)		(32)
Due from State			(08)		(33)
Due to State			(17)		(34)
			(18)		(35)
					(36)
<b>(37) CERTIFICATION OF CLAIM</b>					
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.					
I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.					
The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Signature of Authorized Officer			Date		
Type or Print Name			Title		
(38) Name of Contact Person for Claim			Telephone Number ( ) - Ext.		
			E-Mail Address		

<b>Program</b> <b>225</b>	<b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS AND COMPREHENSIVE SCHOOL SAFETY PLANS</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form EPCP-1 and enter the amount from line (12).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 and supporting schedules for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form EPCP-1, line (12). The total claimed amount must exceed \$1,000.
- (14) **Filing Deadline.** Estimated claims for fiscal year 2003-04 shall be filed by **February 3, 2004**. Reimbursement claims must be filed by **January 15, 2005**. Claims filed after the due date shall be reduced by a late penalty. Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty).
- (15) If filing an actual reimbursement claim, and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17) Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified in the left-hand column of lines (22) through (36) for the reimbursement claim, e.g. EPCP-1, (03)(A1)(a)(i)(f), means the information is located on form EPCP-1, block (03)(A1)(a), line (i), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the school district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form FAM-27 with blue ink and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

**Address, if delivered by U.S. Postal Service:**

**OFFICE OF THE STATE CONTROLLER  
ATTN: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250**

**Address, if delivered by other delivery service:**

**OFFICE OF THE STATE CONTROLLER  
ATTN: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816**

<b>Program</b> <b>225</b>	<b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>AND COMPREHENSIVE SCHOOL SAFETY PLANS</b> <b>CLAIM SUMMARY</b>					<b>FORM</b> <b>EPCP-1</b>
	(01) Claimant			(02) Type of Claim		Fiscal Year
			Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		20__/20__	
<b>Direct Costs</b>		<b>Object Accounts</b>				
(03) Reimbursable Components	(a)	(b)	(c)	(d)	(e)	(f)
<b>A1. Earthquake Emergency Procedure System</b>	Salaries and Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel and Training	Total
<b>a. One Time Costs</b>						
i. Develop Procedures						
ii. Disaster Plan						
iii. Drop Procedure						
iv. Protective Measures						
v. Emergency Procedure						
<b>b. Ongoing Costs</b>						
i. Updating System						
ii. Employee Training						
iii. Training Preparation						
<b>A2. Mass Care and Welfare Shelters</b>						
i. Security at Facilities						
ii. Facility Maintenance						
iii. Utilities						
(04) Total Costs						
(05) Total from EPCP-1.1						
(06) Total Direct Costs						
<b>Indirect Costs</b>						
(07) Indirect Cost Rate	[From J-380 or J-580]					%
(08) Total Indirect Costs	[Line (07) x line (06)(a)]					
(09) Total Direct and Indirect Costs	[Line (06)(f) + line (08)]					
<b>Cost Reduction</b>						
(10) Less: Offsetting Savings						
(11) Less: Other Reimbursements						
(12) Total Claimed Amount	[Line (09) - {line (10) + line (11)}]					

<b>Program</b> <b>225</b>	<b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>AND COMPREHENSIVE SCHOOL SAFETY PLANS</b>	<b>FORM</b> <b>EPCP-1</b>
	<b>CLAIM SUMMARY</b>	
	<b>Instructions</b>	

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form EPCP-1 must be filed for a reimbursement claim. Do not complete form EPCP-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form EPCP-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) For each reimbursable component, enter the total from form EPCP-2, line (05), columns (d) through (h) to form EPCP-1, block (03), columns (a) through (e) in the appropriate row. Total each row.
- (04) Total each column.
- (05) Enter the total from form EPCP-1.1, line (04)(a) through (f).
- (06) Enter the sum of line (04) plus line (05) for columns (a) through (f).
- (07) Enter the indirect cost rate from the Department of Education form J-380 or J-580 as applicable for the fiscal year of costs.
- (08) Enter the result of multiplying the Indirect Cost Rate, line (07), by Total Salaries and Benefits, line (06)(a).
- (09) Enter the sum of Total Direct Costs, line (06)(f), and Total Indirect Costs, line (08).
- (10) If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (11) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (12) From Total Direct and Indirect Costs, line (09), subtract the sum of Offsetting Savings, line (10), and Other Reimbursements, line (11). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.



<b>Program</b> <b>225</b>	<b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>AND COMPREHENSIVE SCHOOL SAFETY PLANS</b> <b>CLAIM SUMMARY</b>						<b>FORM</b> <b>EPCP-1.1</b>
(01) Claimant				(02) Type of Claim		Fiscal Year	
				Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>		20__/20__	
(03) Reimbursable Components	(a)	(b)	(c)	(d)	(e)	(f)	
	Salaries and Benefits	Materials and Supplies	Contract Services	Fixed Assets	Travel	Total	
<b>B1. Comprehensive School Safety Plans</b>							
<b>One Time Activities</b>							
<b>a. Review Existing Plan</b>							
i. Review Safety Plan							
<b>b. Comprehensive School Safety Plans</b>							
i. Develop CSSP Plan							
ii. Consultation with Law Agency							
iii. Consultation with School Sites							
iv. Assess Status of School Crime							
v. Identify Strategies and Programs							
vi. Develop and Include Safety Procedures							
vii. Integrate Policies & Procedures							
<b>c. Adoption of the Initial Plan</b>							
i. Public Opinion							
ii. Adoption of CSSP							
iii. Approval of CSSP							
<b>B2. Ongoing Activities</b>							
<b>a. Update the Plan</b>							
i. Evaluation and Amendment of CSSP							
ii. Review and Update of CSSP							
iii. Coordination with Other School Sites							
iv. Status of Safety Plan							
v. Submission of Updated Plan							
vi. Noncompliance Report to DOE							
vii. Availability for Public Inspection							
(04) Total Direct Costs							

<b>Program</b> <b>225</b>	<b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>AND COMPREHENSIVE SCHOOL SAFETY PLANS</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>EPCP-1.1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form EPCP-1.1 must be filed for a reimbursement claim. Do not complete form EPCP-1.1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form EPCP-1.1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) For each reimbursable component, enter the total from form EPCP-2.1, line (05), columns (d) through (h) to form EPCP-1.1, block (03), columns (a) through (e) in the appropriate row. Total each row.
- (04) Total columns (a) through (f) and transfer the totals to form EPCP-1, line (05)(a) through (f).

<b>Program</b> <b>225</b>	<b>MANDATED COSTS</b> <b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>AND COMPREHENSIVE SCHOOL SAFETY PLANS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>						<b>FORM</b> <b>EPCP-2</b>
(01) Claimant				(02) Fiscal Year			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.							
<b>One-Time</b> <input type="checkbox"/> Develop Procedures <input type="checkbox"/> Disaster Plan <input type="checkbox"/> Drop Procedure <input type="checkbox"/> Protective Measures <input type="checkbox"/> Emergency Procedure							
<b>Ongoing</b> <input type="checkbox"/> Updating System <input type="checkbox"/> Employee Training <input type="checkbox"/> Training Preparation <input type="checkbox"/> Security at Facilities <input type="checkbox"/> Facility Maintenance <input type="checkbox"/> Utilities							
(04) Description of Expenses				<b>Object Accounts</b>			
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							

<b>Program</b> <b>225</b>	<b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>EPCP-2</b>
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form EPCP-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
<b>Salaries and Benefits</b>									
Salaries	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Benefits	Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries					
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
<b>Contract Services</b>	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost= Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
<b>Fixed Assets</b>	Description of Equipment Purchased	Unit Cost	Usage				Cost= Unit Cost x Usage		
<b>Travel and Training</b>	Purpose of Trip Name and Title	Per Diem Rate	Days					Cost = Rate x Days or Miles	
Travel	Departure and Return Date	Mileage Rate Travel Cost	Miles Travel Mode					or Total Travel Cost	
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form EPCP-1, block (03), columns (a) through (e) in the appropriate row.

<b>Program</b> <b>225</b>	<b>MANDATED COSTS</b> <b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>AND COMPREHENSIVE SCHOOL SAFETY PLANS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>						<b>FORM</b> <b>EPCP-2.1</b>
(01) Claimant				(02) Fiscal Year			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.							
<b>One-Time Activities</b> <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Review Safety Plan</div> <div style="width: 33%;"><input type="checkbox"/> Develop CSSP Plan</div> <div style="width: 33%;"><input type="checkbox"/> Consultation with Law Agency</div> <div style="width: 33%;"><input type="checkbox"/> Consultation with School Sites</div> <div style="width: 33%;"><input type="checkbox"/> Assess Status of School Crime</div> <div style="width: 33%;"><input type="checkbox"/> Identify Strategies and Programs</div> <div style="width: 33%;"><input type="checkbox"/> Develop and Include Safety Procedures</div> <div style="width: 33%;"><input type="checkbox"/> Integrate Policies and Procedures</div> <div style="width: 33%;"><input type="checkbox"/> Public Opinion</div> <div style="width: 33%;"><input type="checkbox"/> Adoption of CSSP</div> <div style="width: 33%;"><input type="checkbox"/> Approval of CSSP</div> </div>							
<b>Ongoing Activities</b> <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Evaluation and Amendment</div> <div style="width: 33%;"><input type="checkbox"/> Review and Update</div> <div style="width: 33%;"><input type="checkbox"/> Coordination with Other School Sites</div> <div style="width: 33%;"><input type="checkbox"/> Status of Safety Plan</div> <div style="width: 33%;"><input type="checkbox"/> Submission of Updated Plan</div> <div style="width: 33%;"><input type="checkbox"/> Noncompliance Report to DOE</div> <div style="width: 33%;"><input type="checkbox"/> Availability for Public Inspection</div> </div>							
(04) Description of Expenses				<b>Object Accounts</b>			
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services	(g) Fixed Assets	(h) Travel and Training
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							

<b>Program</b> <b>225</b>	<b>EMERGENCY PROCEDURES, EARTHQUAKE PROCEDURES, AND DISASTERS</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>EPCP-2.1</b>
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form EPCP-2.1 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
<b>Salaries and Benefits</b>									
Salaries	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Benefits	Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries					
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used				
<b>Contract Services</b>	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost= Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
<b>Fixed Assets</b>	Description of Equipment Purchased	Unit Cost	Usage				Cost= Unit Cost x Usage		
<b>Travel and Training</b>	Purpose of Trip Name and Title	Per Diem Rate	Days					Cost = Rate x Days or Miles	
Travel	Departure and Return Date	Mileage Rate	Miles Travel Mode					or Total Travel Cost	
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form EPCP-1.1, block (03), columns (a) through (e) in the appropriate row.